BIRLA INSTITUTE OF TECHNOLOGY, MESRA, RANCHI

MOVEMENT FORM

Application for attending Seminar / Conferences / Symposium / Workshops / Project Work/ experimental work/ field work / Project Visit etc.

Ref: DRIE / (UNDER SPONSORED Project)

	1	1		
Name :	Designation:			
Emp. Code:				
Name of Department / Extension Centre				
Project code				
Title				
Sponsoring agency				
Name, place, period of visit	From :	From :		
	To:			
Purpose project visit under the purview of funding agency.				
Exact period of leave required from institute (With				
justification for any extended period to stay , if so)				
Title of the paper submitted (with name of all the				
authors in case of multiple author paper):				
Whether sponsored by any organization other than project				
(give details regarding the other financial assistance)				
Approximate amount of Registration & TA (in Rs)	Amount of	Amount		
required	Registration	of TA		
	Fee			
Mention the name of the budget head under which the				
approval is sought for :				
Date	Signature of Applicant :			

Recommendation:

(Forwarding of Head / In charge of the Department)

To be filled by A/c office

Budget provision under travel or under the head the approval is sought for :

Fund available under Travel Grant(in Rs)	Amount Required for Visit (in Rs.)	Project End Date

(Approved / Not Approved)

AR Finance AR R&DCell Dean (Research, Innovation & Entrepreneurship)

Note: Approval of the Vice chancellor will be required in case of any deviation from the institute policy

			<u>A , RANCHI</u>	
	• •	hrough : Institute / Sponsore	- ,	
	(Applicants' C	opy: To be attached with TA	_	
Ref. No.:			Date:	
Name :			Emp Code:	
Departmen <u>t:</u>		,	Designation :	
Purpose of Tour:				
Date of Journey:			Destination :	
Fare(To & Fro):			Project code(ifapplicable)	
Mode of Travel:		(Road/Rly/Air)	Halt(no. of	Days)
Special Approval for	r AirFare:			
		(Not Approved/Appr	oved subjected to availability of f	funds)
Signature of applica	ant)	Dea	n (Research, Innovation &Entrep	reneurship)
	• •	through : Institute / Sponsore	• ,	
Def Ne	• •	through : Institute / Sponsore opy: To be attached with TA	Bill)	
Ref. No.:	(Applicants' C	opy: To be attached with TA	Bill) Date:	
Name :	• •	opy: To be attached with TA	Bill) Date: Emp Code:	
Name : Departmen <u>t:</u>	(Applicants' C	opy: To be attached with TA	Bill) Date:	
Name : Departmen <u>t:</u> Purpose of Tour :	(Applicants' C	opy: To be attached with TA	Bill) Date: Emp Code: Designation:	
Name : Departmen <u>t:</u> Purpose of Tour : Date of Journey :	(Applicants' C	opy: To be attached with TA	Bill) Date: Emp Code: Designation: Destination:	
Name : Departmen <u>t:</u> Purpose of Tour : Date of Journey : Fare(To & Fro) :	(Applicants' C	opy: To be attached with TA	Bill) Date: Emp Code: Designation: Destination: Project code(ifapplicable)	
Name : Department: Purpose of Tour : Date of Journey : Fare(To & Fro) : Mode of Travel :	(Applicants' C	opy: To be attached with TA	Bill) Date: Emp Code: Designation: Destination:	
	(Applicants' C	opy: To be attached with TA	Bill) Date: Emp Code: Designation: Destination: Project code(ifapplicable)	f Days)
Name : Department: Purpose of Tour : Date of Journey : Fare(To & Fro) : Mode of Travel :	(Applicants' C	opy: To be attached with TA (Road/Rly/Air) (Not Approved/Appr	Bill) Date: Emp Code: Designation: Destination: Project code(ifapplicable) Halt (no. o	f Days)

Form - C	DINLA INSTITUTE OF TECHNO	DEOGT, WIESKA, KAINCHI		
Sponsored through:	: Institute / Sponsored Project)			
	(Acco	unt's copy)		
Ref. No.:			Date:	
1. Name		Emp. Co	Dept.	
Designatio <u>n :</u>		is required to go to		
(Road/Rail/Air) sponsored by institute/Sponsored project (code:).
He / She will be paid T.A. and D.A. as per rules of the Institute.				
2. Accounts Officer is being advised to pay him/her Rs.				_(Rupees

_only) as advance.

Dean (Research, Innovation & Entrepreneurship)

BIRLA INSTITUTE OF TECHNOLOGY, MESRA, RANCHI

Leave Application for Project Student

Name of Student :			Roll No.		-
Project Code :		Project Name :			
Designation(in projec <u>t</u>):		Department :		
Duty Leave	Period of Leave :	<u>Fro</u> m	<u>To</u>		
Reason for Applying Le	ave :				
Address While on Leav	e :				
Contact No <u>.</u>					
Signature of Student:_					_Date :
Name of P.I.					=
Signature of P.I.					_Date :
		Signature of Head		Departmenta	l Seal
		Leave Sanction Ord	ler		
Sanction of Leave by th					
to	is he	reby conveyed to the co	oncerned applicant	/ department.	
Department :					

Signature of DRIE